



Housing Support Access Point

HSAP Referral Form

Ref: 1014

The Housing Support Access Point manages referrals to access supported accommodation such as Adactus Hostels, Bamber Court, Brecon Close, Coops Foyer and Railway Road.

HSAP also manages referrals to access floating support services who provide support at home within the Wigan Borough. Agencies which provide floating support are Adactus, Age UK, Catch 22, Creative Support, Riverside ECHG, Stepping Stone Project, The Brick and Wigan and Leigh Housing.

So the referral form can be accepted it is important that all the questions are completed. The referring agency and the applicant must sign the relevant sections. The Housing Support Access Point will conduct an initial assessment of the application taking into account eligibility, housing need and appropriate vacancies. The application will then be forwarded onto the relevant support provider who will contact the applicant to arrange an appointment to discuss the application further.

This form can also be used to refer to Wigan Housing Solutions who help people to access private rented accommodation. If you would like more information about this scheme please contact Wigan Housing Solutions on 01942 216843.

Please indicate with a cross in the relevant box which service you require:

**Supported
Accommodation
(Residential)**

Floating Support

**Wigan Housing
Solutions
(Bond Scheme)**

In addition if this referral is for discussion at either of the multi-agency forums, please indicate below

**Young Person's
Accommodation Group (YPAG)**

Contact Details: Once this form is fully completed please send through to HSAP by e-mail or post.

Telephone: (01942) 486603. Email: HSAP@walh.co.uk. Address: Wigan and Leigh Housing Ltd, P.O. Box 48, Wigan WN3 4WY

Title:		First name(s):			
Surname:					
Gender:			Any alias names:		
Date of Birth:			National Insurance Number:		
Contact number(s):					
Applicant's Current Address/ Contact Address					
How long has the applicant been living in their current situation?					
If the applicant is currently in prison, please provide expected release date					
Is the applicant at risk of losing their accommodation in the next 3 months?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when is the baby's due date?		
Does the applicant have any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes please provide details		

Please provide details of anybody who lives with the applicant

Forename(s)	Surname	DOB	Gender	Relationship to Applicant

If the applicant is subject to an ASBO or area restrictions, please provide details

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What is the applicant's present accommodation?

Housing Association
(Registered Social Landlord Tenancy)

Yes No

In Care

Yes No

Wigan and Leigh Housing Tenancy

Yes No

Hospital

Yes No

Owner Occupier

Yes No

Probation/bail hostel

Yes No

Staying with family/friends

Yes No

Rough Sleeper/No Fixed Address

Yes No

Private Landlord

Yes No

Prison

Yes No

Supported accommodation

Yes No

Other (please specify)

Previous Accommodation History

Please provide a full housing history of where the applicant has lived over the past 5 years without any gaps if possible:

Dates from and to		Address (including postcode if possible)	Lodger, tenant or owner occupier	Reason for leaving and any issues (such as rent arrears, damage or anti social behaviour)
Month	Year			

Has the applicant (or anybody living with the applicant), ever lost previous accommodation due to violent behaviour or racial/sexual harassment?

Yes No

Eligibility

Is anyone subject to immigration control? Yes No

Is anyone a citizen of the European Economic Area (other than the UK or EIRE)? Yes No

If "yes" please provide further details:

Accessibility

Chosen language (including British Sign Language?)

Is an interpreter required? Yes No

Language spoken?

Are facilities for visual and/or hearing impairment required?

Yes No

Does the applicant have any difficulty reading or writing?

Yes No

Is wheelchair access or level access required?

Yes No

Financial Information

Is the applicant claiming any benefits/has access to benefits?

Yes No

Benefits claimed?

Is the applicant working? Yes No

For Wigan Housing Solutions only - does the applicant have any savings?

Yes No

Supported accommodation or Wigan Housing Solutions only.

If you can, please give details of two people who will provide references for you, e.g. previous landlord/ college tutor.

Name

Relationship/Agency

Contact details

Name

Relationship/Agency

Contact details

This section is about what the applicant needs support with. If this section is not completed the form will be returned. If an issue (below) is ticked 'yes', then it must be explained why the support is needed and any risk associated to staff, self or others.

No	Support issue	Why is support required and what type of support is required?	Risk associated/Triggers
1.	Mental Health/Emotional Wellbeing e.g. Anxiety, Depression, Schizophrenia <input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	Physical or Sensory Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	Learning Disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	Personality or Autistic Spectrum Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the applicant been professionally diagnosed with any of the above (Questions 1 to 4)? If yes, please give details <input type="checkbox"/> Yes <input type="checkbox"/> No			
5.	Addictions - e.g. Drugs, Alcohol or Gambling <input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	Suicidal Thoughts, Attempts or Self Harm <input type="checkbox"/> Yes <input type="checkbox"/> No		
7.	Offending <input type="checkbox"/> Yes <input type="checkbox"/> No		
8.	Communication <input type="checkbox"/> Yes <input type="checkbox"/> No		
9.	Independent Living <input type="checkbox"/> Yes <input type="checkbox"/> No		

No	Support issue	Why is support required and what type of support is required?	Risk associated/Triggers
10.	Money Matters, Benefits, Budgeting, Debts <input type="checkbox"/> Yes <input type="checkbox"/> No		
11.	Finding Accommodation <input type="checkbox"/> Yes <input type="checkbox"/> No		
12.	Managing Accommodation <input type="checkbox"/> Yes <input type="checkbox"/> No		
13.	Health and Safety <input type="checkbox"/> Yes <input type="checkbox"/> No		
14.	Education, Training, Employment, Volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No		
15.	Meeting People, Visiting Groups, Confidence Building <input type="checkbox"/> Yes <input type="checkbox"/> No		
16.	Verbal and Physical Aggression/ASB <input type="checkbox"/> Yes <input type="checkbox"/> No		
17.	Personal Hygiene <input type="checkbox"/> Yes <input type="checkbox"/> No		
18.	Taking Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		
19.	Other, Please Specify:		

Does the applicant want a specific support provider or area? If yes, please provide details and reasons below. **The request will be considered however this cannot be guaranteed**

Yes No

Is the applicant receiving support from anyone else i.e. CPN, Social Worker, Probation Officer, Drug or Alcohol Worker? Please give details below.

Name	Agency	Contact Details

Safeguarding Concerns

Identified issue	Provide details of any safeguarding concerns and who is at risk, including partners and/or children
Domestic Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sexual Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychological/ Emotional Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No	
Financial/Material Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No	
Abuse of Rights <input type="checkbox"/> Yes <input type="checkbox"/> No	
Neglect <input type="checkbox"/> Yes <input type="checkbox"/> No	
Discriminatory Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No	

Offending History

Please answer the following questions regarding any convictions which the applicant may have. (You do not need to include any convictions spent under the Rehabilitation of Offenders Act 1974)

Identified conviction	Details of conviction including dates
Arson <input type="checkbox"/> Yes <input type="checkbox"/> No	
Burglary <input type="checkbox"/> Yes <input type="checkbox"/> No	
Criminal Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No	
Theft <input type="checkbox"/> Yes <input type="checkbox"/> No	
Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other <input type="checkbox"/> Yes <input type="checkbox"/> No	

Sexual Offences

Has the Applicant committed any Schedule 1 offences (under the Children and Young Person's Act 1933)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the Applicant committed any sex offences (not included in Schedule 1 of the 1933 Act)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Applicant the subject of registration under the Sex Offenders Act 1977 (as amended by 2003 Act?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Applicant subject to a Sexual Offences Prevention Order (as defined by the Sexual Offences Act 2003) <input type="checkbox"/> Yes <input type="checkbox"/> No	

What is the likelihood of the applicant re-offending

High Medium Low N/A

Does the applicant have any outstanding charges still awaiting a court hearing? If so please provide details

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The Data Protection Act 1998

There are rules about how organisations should collect, use and share personal information. They are included in the Data Protection Act 1998. For the purpose of the Data Protection Act, the data controller is Wigan and Leigh Housing on behalf of Wigan Council.

Helping us to help you

The Housing Support Access Point and Participating Organisations as detailed below, may have to obtain further information about you, from others or share information with others which may contain sensitive, personal data. The rules set out in the Data Protection Act says that we need to have your permission to obtain personal information from others and share information with others. There are legal grounds to share information without consent however this would only be in extreme circumstances.

Declaration and Consent

I give my permission for the Housing Support Access Point and Participating Organisations to

- Record personal information about me
- Request further information about me from a third party,
- Share information about me with an appropriate provider in relation to my application, and
- I understand that the participating organisations ² may also need to obtain additional information which is not included on this form in order to consider my application and I give consent for them to do this.

I confirm that the information that I have given is true and correct to the best of my knowledge. Please sign below to confirm your agreement with the above.

If you are returning the form electronically, do you agree to the points contained in the text above?

Yes No

Applicant signature(s):

Date

² This includes the following participating organisations: Adactus Housing Group Ltd, Your Housing, Wigan and Leigh Housing Co. Ltd. Age UK, Catch 22, Creative Support, Riverside ECHG, Stepping Stone Projects, The Brick, Wigan Housing Solutions.

Is the applicant leaving care as per The Leaving Care Act 2000?

Yes No

Is the applicant currently supported under Section 17 or Section 20 of the Children's Act?

No S17 S20

Would you like to attend the assessment with the applicant?

Yes No

Subject to the applicant's consent would you like feedback on the referral?

Yes No

Has the applicant been assessed as requiring support services under the following frameworks.

Support Frameworks	Provide details and relevant dates
Care Management? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Care Programme Approach? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any orders as directed by a court order? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Commissioned services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Multi-Agency Public Protection Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Multi-Agency Risk Assessment Conference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Referring Agency's Signature

I confirm that the application has been completed with the applicant who is fully aware of the contents. If I have any information on the applicant which I feel is relevant to this application, I have included it on the application form and forwarded relevant documentation.

If you are returning the form electronically, do you agree to the points contained in the text above?

Yes No

Signed:

Date:

We want to make sure that everyone who is referred through the Housing Support Access Point is treated fairly and with respect. To ensure we do this right, we need to understand who you are and how you want to be treated. Your answers will be used by Wigan & Leigh Housing to provide a statistical check on the fairness of the Housing Support Access Point. Any information you provide will remain anonymous and stored in accordance with the Data Protection Act 1998.

If you fill out this form, it will help us to meet your needs when we contact you. Please know that **ALL** information you give to us will be treated as strictly confidential. If you do not feel comfortable answering a specific question, you don't have to answer. However the more questions you answer, the better the service we can offer you.

1. Personal Details:

Title:		First Name(s):		Surname:	
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Address:					
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Postcode:		Date of Birth:	
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Telephone Numbers:	Home		Mobile	
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Email address:	
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Preferred Method of Contact:

Home number?	<input type="checkbox"/>
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Mobile number?	<input type="checkbox"/>
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Email?	<input type="checkbox"/>
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Letter?	<input type="checkbox"/>
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2. Ethnicity:

White		Mixed Race	
British	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Welsh	<input type="checkbox"/>		
Any other white background (please specify)			
Any other mixed background (please specify)			

2. Ethnicity (continued):

Black or Black British		Asian or Asian British	
African	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
		Bangladeshi	<input type="checkbox"/>
Any other black background (please specify)			
Any other Asiab background (please specify)			

Other Ethnic Groups:

Chinese	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Any other ethnic group (please specify)			

3. Gender

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Other gender identity (please specify)		Prefer not to say	<input type="checkbox"/>

4. Disability

The Disability Discrimination Act 1995 states a disability is a physical or mental impairment (including sensory impairment) that has a significant and long-term affect on a person's ability to carry out daily activities.

Do you think you might have a disability? Yes No Prefer not to say

If you answered yes to the above question, how would you define your disability? Please tick as many of the options as required. Please note this question is continued on next page.

Physical impairment	<input type="checkbox"/>
Partially deaf/Deaf	<input type="checkbox"/>
Partially sighted (if this is not corrected by glasses or contact lenses/Blind	<input type="checkbox"/>
Speech impairment	<input type="checkbox"/>
Severe disfigurement	<input type="checkbox"/>
Mental health problems	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>
Learning difficulties or literacy/numeracy needs	<input type="checkbox"/>

4. Disability (continued)

Housebound	<input type="checkbox"/>
Long standing illness or health condition such as cancer, HIV/AIDS, diabetes, chronic heart disease or epilepsy	<input type="checkbox"/>
Any other disability not listed above. Please specify below:	<input type="checkbox"/>

5. Communication Needs

There is no need to fill in this section if you are comfortable reading letters or speaking with us on the telephone. We aim to use this information wherever possible when contacting you in the future.

If you have problems reading or you would like information in another way, please tell us:

Over the telephone	<input type="checkbox"/>
In large print	<input type="checkbox"/>
Face to face	<input type="checkbox"/>

I would like it to be sent to my Carer/Support worker. Please tell us their name and address below:

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6. Sexual Orientation

Please click in the box you feel describes you best:

Heterosexual/straight	<input type="checkbox"/>
Homosexual/gay man	<input type="checkbox"/>
Lesbian/gay woman	<input type="checkbox"/>
Bisexual (attracted to both men and women)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

7. Religion/Beliefs Please click in the box you feel describes you best:

None	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Christian (includes Church of England, Catholic, Protestant, and all other Christian organisations)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

**Thank you
for taking
the time to
complete
this form**